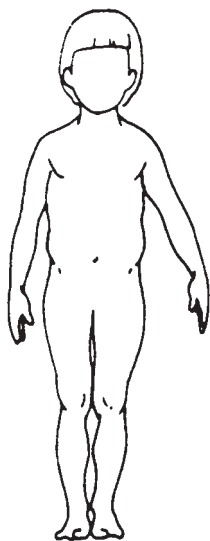
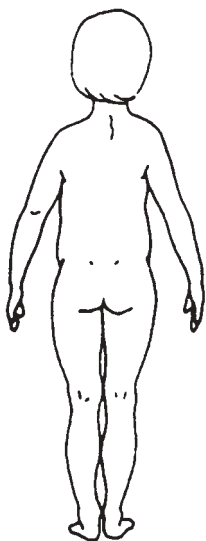


Physical Description and Medical Information

Please use the following figures and numbered spaces to record the location and type of any distinguishing birthmarks, moles, scars, previously broken bones and prosthetics.



Front



Back

Place a Recent Photo Here
(And Update Yearly)

This card was developed by the FBI for your child's protection. It will assist local, state and federal law enforcement officials to identify your child in a crisis situation. This card is provided in cooperation with your local law enforcement agencies.

Front

1. _____
2. _____
3. _____
4. _____
5. _____

Back

1. _____
2. _____
3. _____
4. _____
5. _____

Date: _____

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Blood Type: _____

My Child's Medical Records Are On File With:

Dr. _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: () _____

My Child's Dental Records Are On File With:

Dr. _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: () _____

Compliments of

Assemblymember Gloria Negrete McLeod

61st Assembly District

4959 Palo Verde Street, Suite 100B

Montclair, CA 91763

(909) 621-2783

E-Mail: Assemblymember.McLeod@assembly.ca.gov

FBI CHILD IDENTIFICATION				Date of Birth				<div style="border: 2px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>			
				Date							
				Signature of Child or Parent/Guardian							
Last Name		First Name		Middle Name		Sex	Race	Hgt.	Hair	Eyes	
Nick Name		Password				<div style="border: 2px solid black; padding: 5px;"> <p>Leave Blank</p> <p>Class _____</p> <p>Ref _____</p> <p style="text-align: right;">NCIC Class-FPC</p> </div>					
IF YOUR CHILD SHOULD EVER DISAPPEAR, TAKE THIS FINGERPRINT CARD TO YOUR LOCAL POLICE DEPARTMENT AND REQUEST THAT THE CLASSIFICATION BE ENTERED INTO THE FBI'S NATIONAL CRIME INFORMATION CENTER											
1. Right Thumb		2. Right Index		3. Right Middle		4. Right Ring		5. Right Little			
1. Left Thumb		2. Left Index		3. Left Middle		4. Left Ring		5. Left Little			
Left Four Fingers Taken Simultaneously				Left Thumb	Rt. Thumb	Right Four Fingers Taken Simultaneously					